

40/573905

IAP20 Rec'd 20 MAR 2006

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	514/2,8; 530/351,397,399
Suggested Group Art Unit::	1646
CD-Rom or CD-R?::	None
Title::	TISSUE PROTECTIVE CYTOKINES FOR THE TREATMENT AND PREVENTION OF SEPSIS AND THE FORMATION OF ADHESIONS
Attorney Docket Number::	WP03-1A04-US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity::	No
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship::	US
Country::	US
Status::	Full Capacity

Given Name::	Michael
Middle Name::	
Family Name::	Brines
Name Suffix::	

City of Residence:: Woodbridge
State or Providence of Residence:: CT
Country of Residence:: US
Street of Mailing Address:: 1 Wepawaug Road
City of Mailing Address:: Woodbridge
State or Providence of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06525

Applicant Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Given Name:: Anthony
Middle Name::
Family Name:: Cerami
Name Suffix::
City of Residence:: Somers
State or Providence of Residence:: NY
Country of Residence:: US
Street of Mailing Address:: 58A Heritage Hill Road
City of Mailing Address:: Somers
State or Providence of Mailing Address:: NY
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 10589

Applicant Authority Type:: Inventor
Primary Citizenship:: US
Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name::

Family Name:: COLEMAN

Name Suffix::

City of Residence:: Mt. Kisco

State or Providence of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 20 Emery Street

City of Mailing Address:: Mt. Kisco

State or Providence of Mailing Address:: NY

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 10549

Applicant Authority Type:: Inventor

Primary Citizenship:: TR

Country:: TR

Status:: Full Capacity

Given Name:: Osman

Middle Name::

Family Name:: YILMAZ

Name Suffix::

City of Residence:: Gottepe

State or Providence of Residence:: Izmir

Country of Residence:: TR

Street of Mailing Address:: 100 Sokad Kalaci, Apt. 24/17

City of Mailing Address:: Gottepe

State or Providence of Mailing Address:: Izmir

Country of Mailing Address:: TR

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 000061297

Phone Number:: (914)762-7586 ext. 207
Fax Number:: (914)762-7292
E-mail Address:: fhamble@warrenpharma.com

Representative Information

Representative Customer Number::	000061297	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/31789	09/29/04
PCT/US04/31789	An application claiming the benefit under 35 USC 119(e)	60/506,149	09/29/03

Assignee Information

Assignee name:: The Kenneth S. Warren Institute, Inc.
Street of mailing address:: 712 Kitchawan Road
City of mailing address:: Ossining
State or Province of NY
Mailing address::
Country of mailing address:: US
Postal or Zip Code of mailing address:: 10562

Assignee name:: Warren Pharmaceuticals, Inc.
Street of mailing address:: 712 Kitchawan Road
City of mailing address:: Ossining
State or Province of NY
Mailing address::
Country of mailing address:: US
Postal or Zip Code of mailing address:: 10562